

ATTACHMENT C

PRE-BURN CHECKLIST, CREW BRIEFING and GO/NO-GO DECISION

Unit Area: _____ Fire Site: _____ Date: _____

A. PRIOR TO CREW BRIEFING

- ☐ Fire Site is as described in plan.
- ☐ Required firebreaks complete.
- ☐ Permits obtained if required.
- ☐ Communications Center/fire officials notified.
- ☐ Neighbor notifications, as needed.
- ☐ Required equipment is on-site and functioning.
- ☐ Radio frequencies to be used are identified.
- ☐ Planned ignition and containment methods are appropriate.
- ☐ List of emergency phone numbers are available.
- ☐ Planned contingencies and mop-up are appropriate.

Number of people participating in burn: _____

List Names & Agency:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

B CREW BRIEFING

- ☐ Fire Site size and boundaries discussed.
- ☐ Fire Site hazards discussed.
- ☐ Anticipated fire and smoke behavior.
- ☐ Review of equipment and troubleshooting.
- ☐ Review organization of crew and assignments.
- ☐ Review methods of ignition, holding, mop-up, communications.
- ☐ Radio frequency check.
- ☐ Review public traffic concerns.
- ☐ Location of vehicles, keys and nearest phone or police band radio.
- ☐ Location of back-up equipment, supplies and water.
- ☐ Plan and review all contingencies including safety hazards, escape routes, safety zones.
- ☐ Answer questions from crew.
- ☐ Give crew members the opportunity to decline participation.
- ☐ Location of first aid kit.

C. PRIOR TO IGNITION GO / NO-GO DECISION

- ☐ Weather and fuel conditions are within prescriptions.
- ☐ Weather forecast, obtained prior to ignition indicating suitable burning conditions.
- ☐ Necessary fire lines/breaks are constructed and checked.
- ☐ Crew members have required protective clothing.
- ☐ Crew members have matches.
- ☐ Conduct test burn.
- ☐ In your opinion, can the burn be carried out according to the plan and will it meet the planned resource management objectives? YES _____ NO _____

D. BEFORE LEAVING BURN UNIT

- ☐ Mop-up completed as described in prescription.
- ☐ Post burn inspection arranged.
- ☐ Notifications of completed burn (if required).

E. NOTE ANY MODIFICATIONS TO PRESCRIPTION

Burn Leader: _____ Date: _____